MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12526

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Acampora

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child
8. DATE OF BIRTH: Dec 31-53
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days IF UNDER 24 HRS. Hours 12 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Acampora
14. MOTHER'S MAIDEN NAME: Ellen L. Lunsford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Thomas Wesley Lusford Leonardtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Asphyxia — Interval Between Onset And Death 12

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — 12

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Maternal Eclampsia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31, 1953, to 12-31, 1953, that I last saw the deceased alive on 12-31, 1953, and that death occurred at 11.00 A.M. from the causes and on the date stated above.

SIGNATURE Alan D Bard (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 4-54
NAME OF CEMETERY OR CREMATORY Arroyo Garden
LOCATION (City, town, or county) (State) San Luis Obispo Calif

DATE REC'D BY LOCAL REGISTRAR 1-1-54
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

20V3252312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12527

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) L. (Last) Acampora

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 29-29

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oklahoma City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harden Sunsford

14. MOTHER'S MAIDEN NAME: Fuey Jane Sunsford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Thomas Wesley Sunsford Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

685 X

Immediate cause (a) Eclampsia — Interval Between Onset And Death: 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-31-53

19b. MAJOR FINDINGS OF OPERATION: caesarean section

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1951, to 12-31, 1953, that I last saw the deceased alive on 12-31, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm D Boyd MD ADDRESS Leonardtown DATE SIGNED 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 4-54 NAME OF CEMETERY OR CREMATORY Arroyo Garden LOCATION (City, town, or county) (State) San Luis Obispo Calif

DATE REC'D BY LOCAL REGISTRAR 1-1-54 REGISTRAR'S SIGNATURE Alan D. Houser M.D.

24. FUNERAL DIRECTOR ADDRESS Jos C. Mattingley Leonardtown, Md.

RECEIVED
JAN 7 1954
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12528

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Francis (Last) Ashton

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 29, 1953

9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months 3 Days 13 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas W Ashton

14. MOTHER'S MAIDEN NAME: Mary L Shore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Thomas W Ashton Mechanicsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

491X
Immediate cause (a) Bronchial Pneumonia — 1 wk.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 19 53, to 12-12, 19 53, that I last saw the deceased alive on 12/11, 19 53, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M D — ADDRESS Leonardtown — DATE SIGNED 12/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 12/13/53 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-14-53 | REGISTRAR'S SIGNATURE Claude Bowling Md | **24. FUNERAL DIRECTOR** Buried Dec 18 1953 | ADDRESS Jos C Mattingly Leonardtown Md

VS. A15

4083245406

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12529

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
LENGTH OF STAY (in this place) 1 month 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Georges Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Dulcie (Last) Crowder
4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 15-1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 3 Days 30 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Wesley Chaser
14. MOTHER'S MAIDEN NAME: Elizabeth Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Kenneth Crowder St Georges Island Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
422.1 Immediate cause	(a)	Uremia	2 mos
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerotic CV disease	5 yrs
260X	DUE TO (c)	/	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus c gangrene foot

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:40 P.M., from the causes and on the date stated above.
SIGNATURE J. Roy Luther (Degree or title) Md ADDRESS Mechanicsville Md DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 18-53
NAME OF CEMETERY OR CREMATORY M. E.
LOCATION (City, town, or county) St Georges Island (State) Md
DATE REC'D BY LOCAL REGISTRAR 12-18-53
REGISTRAR'S SIGNATURE Alan D. Hanser, M.D. M.
24. FUNERAL DIRECTOR Jos A. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12530

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's | STATE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Turner (Last) Dorsey

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Sept 17 1868 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR Months 8 Days 24 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland St Mary's | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Duncan M. Turner | 14. MOTHER'S MAIDEN NAME: Rose Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mrs Frank K. Combs Leonardtown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CA of Lungs — Interval Between Onset And Death 4 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Metastasis of Ca of Breast — 10 yrs.
DUE TO (c)

170X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/53, 19..... to 12/7/53 19....., that I last saw the deceased alive on 12/7/53 19....., and that death occurred at 7.30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Jos C Mattingley MD | ADDRESS Leonardtown | DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 10-53 | NAME OF CEMETERY OR CREMATORY St Aloysius | LOCATION (City, town, or county) Leonardtown (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 12/9/53 | REGISTRAR'S SIGNATURE Dan D Hourcan Jr D | 24. FUNERAL DIRECTOR Jos C. Mattingley | ADDRESS Leonardtown Md

RECEIVED
DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

'53

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Leonardtown — LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Clements Shores
STREET ADDRESS (If rural give location) R. F. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Farrall Sr

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 1 1892

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months 9 Days 28 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer Tuna

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Henery Farrall

14. MOTHER'S MAIDEN NAME: Alice Jane Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Wm Jos Farrall St Clements Shores

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Cerebral Hemorrhage — 36 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive C.V. disease — 6 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Previous cerebral Hemorrhage — 8 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Dec 28, 1953 that I last saw the deceased alive on Dec 28, 1953 and that death occurred at 4:25 P. M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Luther MD — ADDRESS Mechanicsville — DATE SIGNED 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 31-53 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) Bush Wood — (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-29-53 — REGISTRAR'S SIGNATURE Alan D Hance M.D.

24. FUNERAL DIRECTOR Jos A. Mattingly Son — ADDRESS Leonardtown Md

BUREAU V. S

Film#G160 Item# 3 1/11/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital 24

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Leo (Last) Gough

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colord
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tented Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Gough
14. MOTHER'S MAIDEN NAME: Emley Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Edward Gough 135 Apt 53 St S.E. Washington DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442X

Immediate cause (a) Uremia — Interval Between Onset And Death 24 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension Cardio Vascular Renal Dis — 3 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Dec 25, 1953, that I last saw the deceased alive on Dec 24, 1953 and that death occurred at 1.00 A.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Leonardtown DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 28-53
NAME OF CEMETERY OR CREMATORY Ours Ladys
LOCATION (City, town, or county) Medley Neck St Mary's (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/28/53
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville Md
LENGTH OF STAY (in this place) 2 months 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookville 15 X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) W. (Last) Leishear

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 15 1875
9. AGE last birthday 78 yrs. If under 1 year Months 3 Days 30 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Richard Bowman
14. MOTHER'S MAIDEN NAME Elizabeth [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sensitized arterio-sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None
(CITY OR TOWN) Loveville (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐ *Inspection* ☑ *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑ *accident* ☐ *suicide* ☐ *homicide* ☐ *undetermined* ☐

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS Leigh for Park [illegible] DATE SIGNED 12/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 19 - 53
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Unite, Md (State)

DATE REC'D BY LOCAL REG. Dec. 16, 1953
REGISTRAR'S SIGNATURE [illegible] D. [illegible]
[illegible] DIRECTOR Roy M. Barber
ADDRESS Laytonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .....

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leachville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leachville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) C Stanley (Middle) J. (Last) Medley

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb 4, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 10 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard . Medley

14. MOTHER'S MAIDEN NAME: Rosie Baume

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Ida Bristol 2222 Flagler Place N.W. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4201 Immediate cause	(a) Coronary Thrombosis	Today.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension	6 years
	(c) DUE TO Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Dec 9, 1953 that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 7 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos H Patrick M.D. Lexington Park Md 12-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec-12-1953 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) (State) St Inigoes Md

DATE REC'D BY LOCAL REGISTRAR 12-11-53 — REGISTRAR'S SIGNATURE Alan D. Hanson, M.D.

24. FUNERAL DIRECTOR ADDRESS

Jos C. Mattingley
W. Leonardtown Maryland

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
MARYLAND
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Cecil (Last) Nolen

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 1-1952

9. AGE Last birthday: 1 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Nolen

14. MOTHER'S MAIDEN NAME: Lucile Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Louis Nolen Callaway Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 490X (a) Lobar pneumonia — Interval Between Onset And Death: 12 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 12.30 P.M. from the causes and on the date stated above.

SIGNATURE P.J. Beane (Degree or title) M.D. ADDRESS Great Mills Md DATE SIGNED 12-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 2-53 — NAME OF CEMETERY OR CREMATORY Holy Face — LOCATION (City, town, or county) Great Mills (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-1-1953 — REGISTRAR'S SIGNATURE P.J. Beane, M.D. Local Registrar

24. FUNERAL DIRECTOR Jos C Mattingley ADDRESS Leonardtown Md

VS. A15

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 582

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Violet (Last) Raley

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Nov 25 1932 | 9. AGE last birthday: 21 yrs. | IF UNDER 1 YEAR: Months — Days 8 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Ella Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Walter Raley Clements Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0
Immediate cause (a) 3° burns (70% area) — Interval Between Onset And Death: 1 day
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Clements, | (COUNTY) St. Mary's | (STATE) Md

TIME OF INJURY (Month) Dec (Day) 1 (Year) 53 (Hour) 9 A. m. | INJURY OCCURED While at Work ☐ Not While At Work ☑ | HOW DID INJURY OCCUR? Poured Kerosene on a coal fire

22. I hereby certify that I attended the deceased from 12/1, 1953, to 12/2, 1953, that I last saw the deceased alive on 12/1, 1953, and that death occurred at 9.40 A.M., from the causes and on the date stated above.

SIGNATURE Allen Lam M.D. | (Degree or title) | ADDRESS Leighton Md. | DATE SIGNED 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 4-53 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Morganza | (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 12/2/53 | REGISTRAR'S SIGNATURE Adam D. Dawson | 24. FUNERAL DIRECTOR | ADDRESS Jos C. Mattingley, Leonardtown Md

BUREAU V.

12537

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wynne
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Franklin (Last) Scheible

4. DATE OF DEATH (Month) 12 - (Day) 12 53 (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 3/23/1927

9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY Civil Service

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William C. Scheible

14. MOTHER'S MAIDEN NAME Viola F. Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---- -

16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS Andrew Scheible - Wynne, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Wynne, Md (CITY OR TOWN) Wynne (COUNTY) St. Marys (STATE) Md

TIME OF INJURY (Month) 12 (Day) 12 (Year) 53 (Hour) 9:55 A m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fell from pier into Potomac River

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident ✓, suicide , homicide , undetermined .

SIGNATURE [signature] (Degree or title) ADDRESS Lexington Park, Md DATE SIGNED 12/12/1953

23. BURIAL, CREMATION OR MOVAL (Specify) Burial

DATE THEREOF 12 / 15 / 53

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) Alexandria, Virginia (State)

DATE REC'D BY LOCAL 12/14/53

REGISTRAR'S SIGNATURE Alan D. Hansen M.D.

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mackey (Middle) Jeanette (Last) Springer
4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept 29-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 2 Days 30 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? W. S. A.
13. FATHER'S NAME: Martin E Combs
14. MOTHER'S MAIDEN NAME: Sarah Fenhaden
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Tom Springer Valley Lee Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

49 X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Dec 28, 1953, that I last saw the deceased alive on Dec 28 1953, and that death occurred at 4.00 P.M. from the causes and on the date stated above.

SIGNATURE: P J Bean (Degree or title) MD ADDRESS: Great Mills Md DATE SIGNED: Dec 29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 31 53
NAME OF CEMETERY OR CREMATORY St Georges
LOCATION (City, town, or county) Valley Lee St Mary's (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 29/53
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12534

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town Leonardtown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) R.F.D. 2 ✓

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Ostie (Last) Swann

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 23, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marcello Swann

14. MOTHER'S MAIDEN NAME: Eleanor Mary Cressman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Benjamen Swann Mechanicsville Md RFD 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Acute arterial occlusion — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) arteriosclerotic vascular disease — 3 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 Nov, 19 53, to 4 Dec, 19 53, that I last saw the deceased alive on 4 Dec, 19 53, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E Gill, M.D. ADDRESS Leonardtown, Md DATE SIGNED 12/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-7-53
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) Newport (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-7-53
REGISTRAR'S SIGNATURE Helen D Lauster D.

24. FUNERAL DIRECTOR Jos. C. Mattingley
ADDRESS Leonardtown Md

RECEIVED
DEC 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12540

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chaptico
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chaptico
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Henery (Last) Thompson

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 25, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tented Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bruce Thompson
14. MOTHER'S MAIDEN NAME: Ella Pilkerton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Joseph Thompson Chaptico

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 20 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Angina pectoris — 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1951, to Dec 25, 1953, that I last saw the deceased alive on Dec 25, 1953, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Boyd MD
ADDRESS Leonardtown
DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 28-53
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) (State) Morganza St Mary's Md
DATE REC'D BY LOCAL REGISTRAR 12/29/53
REGISTRAR'S SIGNATURE Alan D. Hauser mb.
24. FUNERAL DIRECTOR Joe A. Mattingley
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12541

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) V. (Last) Ward

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: NOV. 18, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min. 1 2

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York 29

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Fitzgerald

14. MOTHER'S MAIDEN NAME: Mary Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Victor Bruni Leonardtown, Md. Rural

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar pneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast with metastasis to thoracic vertebrae — 18 years

19a. DATE OF OPERATION: 1940

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right breast.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 12-20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE P.J. Bean (Degree or title) M.D. ADDRESS Great Mills Md. DATE SIGNED 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 23 53 — NAME OF CEMETERY OR CREMATORY St Raymond — LOCATION (City, town, or county) (State) Bronx New York

DATE REC'D BY LOCAL REGISTRAR 12-21-53

REGISTRAR'S SIGNATURE P.J. Bean M.D. Local Registrar

24. FUNERAL DIRECTOR Jos. C. Mattingley — ADDRESS Leonardtown Md

VS A15

RECEIVED
DEC 28 1953
BUREAU V. S.